

## SECURE COMMUNITY REENTRY FACILITIES READINESS

More than 97 percent of inmates in California's prisons will be eligible for parole someday, meaning almost every inmate who enters prison will eventually return. Currently 60,000 California inmates have less than three years left on their sentences. Without rehabilitation, these offenders will leave prison with little more than \$200 minus the cost of a bus ticket. California's 70 percent recidivism rate suggests that if nothing is done to stop this revolving door of repeat offenders, most of these inmates will return to prison. Rehabilitation is the key to ending this criminal cycle. The centerpiece of the Public Safety and Offender Rehabilitation Services Act of 2007, the historic prison and offender reentry agreement signed on May 3, 2007 by Governor Schwarzenegger, is the creation of Secure Community Reentry Facilities (SCRF). These centers will provide intensive rehabilitation services to offenders in a secure environment during the final twelve months before they are released. Giving inmates the tools they need to succeed on parole and once they are discharged from supervision will increase public safety and reducing crime.

Readiness to host a SCRF is represented through a variety of applicable factors. Specific areas that CDCR will consider in evaluating proposals for a SCRF are:

- 1) Identification of a site for the facility. CDCR will consider those proposals where:
  - a. Clear title to the land is held, and/or
  - b. A public/private partnership exists to develop the facility, and/or
  - c. The site proposed is in reasonable proximity to public transit, hospital, parole, and other support services.
- 2) Size of the proposed facility and the proposed SCRF model for that facility.
- 3) Availability of services such as water, sewer, storm drains, natural gas, electricity, etc., and related infrastructure.
- 4) Number of parolees returning to the community on a monthly and annual basis.
- 5) Parolee reintegration issues, i.e., gangs, housing, employment, drugs.
- 6) Availability of Community Services and Support - Availability of volunteers, contracted vendors and social service agencies. CDCR will consider the ability of the community to provide services to the paroling population. Counties should submit contact information and estimated service capacity for community-based organizations, faith-based organizations, and other profit and nonprofit organizations that assist in various supportive services and programs related to the reintegration needs of previously incarcerated individuals. The extent to which local social services, mental health and public health agencies collaborate to provide a

supportive network of services for previously incarcerated individuals will be considered.

- 7) Availability of Employment - Communities with employers willing to hire parolees. These employers may begin to hire and train the inmate while housed in the SCRF and then, upon release, provide employment to the offender when paroled.
- 8) Assistance with Parolee Housing - County representatives to identify organizations that assist in transitional housing for parolees. A general plan for the expansion of private/public partnerships to enhance the availability of transitional housing will be evaluated. The ability to obtain Conditional Use Permits for parolee housing programs will be considered.
- 9) Public Transportation - Provide information on the public transportation system. Ideally, transportation will be available for the contracted providers and inmate families to travel to the SCRFs.
- 10) Services and Programs Intended to Reduce Recidivism - Evidence-based programs and services intended to reduce criminal behaviors, reduce victimization, and reduce recidivism among previously incarcerated individuals will be used. The reentry facility rehabilitative treatment model philosophy and interventions are based on cognitive-behavior treatment. This model uses an integrated programming approach to deliver cognitive behavioral programs offering varying levels of dosage (intensity and duration) based on an individual risk and needs assessment. The model unites evidence-based programs in a coherent, clearly articulated, and seamless manner to create a comprehensive treatment intervention program and environment.

The Integrated Rehabilitative Treatment Model implements the California Logic Model and provides the central guiding vision uniting assessment, case planning, treatment/rehabilitation programming, reentry and reintegration. The integrated model provides the shared framework and approach for operation of the entire reentry facility. At different levels of detail, everyone—administrators, line staff, rehabilitation/treatment staff and providers, and support staff—will receive training to understand the model. The intent is to create a united treatment team using the integrated treatment model and vocabulary in order to structure the environment to provide continuity of treatment across the facility that helps promote success in changing inmate behavior.

Programs will include:

- a. *Academic, Vocational, and Financial Training.*
- b. *Alcohol and Other Drug Treatment.*
- c. *Aggression, Hostility, Anger, and Violence Management* – There are three initial curriculum selections:

- i. Thinking for a Change: Components include anger management and communication skills. Most inmates will receive this program.
  - ii. Conflict/Anger Resolution: Lifelong Management (also known as CALM): For Level III inmates.
  - iii. Aggression Replacement Therapy: Includes social skills training, anger control, moral reasoning, and group counseling. For Level IV inmates, security housing unit offenders and those convicted of a violent offense. This curriculum is also used in Juvenile Justice.
  - d. *Criminal Thinking, Behaviors, and Associations*-Thinking for a Change curriculum will be used. The program is a cognitive-behavioral curriculum developed through the National Institute of Corrections. Therapeutic techniques such as structured learning experiences, interpreting social cues, and monitoring one's own thought processes.
  - e. *Family, Marital, and Relationships*-Getting it Right curriculum will be used. The program includes communications, relapse prevention, family relationships, and cognitive restructuring.
- 11) Reentry Planning Teams – Each county will be required to have a dedicated county reentry planning team. As an example, the following county officials may be involved:

<u>Core Planning Team</u>	<u>Additional members</u>
Sheriff	Public Health
District Attorney	Courts
Private Industry Employers	Public Defender
Police Department	Jail Commander
Housing Authority	
Other Service Providers	
Victims groups	
Community-Based and Faith-based Organizations	
CDCR:	
Local Adult Parole Official	
Division of Adult Operations	
Adult Programs	